



PDL Tracker

Prescription Drug List and Benefit Plan Update

February 2022

The PDL Tracker provides a recap of changes outside our regularly scheduled pharmacy benefit updates, which typically occur two to three times per year. Member communications will be sent where noted below.

Down-tiers

Down-tiers refer to medications that move to a lower tier, making them more affordable for members. Down-tiers occur throughout the year, helping members take advantage of the cost savings.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
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No updates this month

Generic Launches

New generic medication launches occur throughout the year. On our Advantage PDL, we have the ability to place any drug in any tier.* This approach allows us to make tier placement decisions based on a medication's overall health care value, not its classification as brand or generic.

*New generic tier placements apply to the Advantage PDL. These generics are placed in Tier 1 on the Traditional PDL.

Therapeutic Use	Medication Name	New Tier Placement*	Current Brand Tier	Effective Date
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Dry eye disease	cyclosporine (generic Restasis) ^{1,2}	Excluded	Advantage Tier 3/4, Traditional Tier 1	2/22/2022
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Brand Launches

New brand name medications launch throughout the year. Our PDL Management Committee thoroughly reviews each medication before placing it in its final tier.

Therapeutic Use	Medication Name	New Tier Placement	Effective Date
Cancer	Talzenna 0.5 mg, 0.75 mg capsules ^{1,3}	Tier 3/4	1/31/2022
Endocrine disorders	Lanreotide injection	Tier 3/4	1/24/2022
Hemophilia	Nuwiq 1500 unit injection ³	Tier 2	2/09/2022
Inflammatory conditions	Rinvoq 30 mg tablet ^{1,3}	Tier 2	1/19/2022

New Benefit Coverage

New tier placements occur for brand and generic medications that were previously excluded or part of the Exclude at Launch program.

Therapeutic Use	Medication Name	Brand/Generic	Tier Placement	PDL Type	Effective Date
Chronic kidney disease prevention	Kerendia ¹	Brand	Tier 3/4	Advantage/ Traditional	2/01/2022
COPD	Stiolto Respimat	Brand	Tier 2	Advantage/ Traditional	2/01/2022
HIV	Vocabria	Brand	Tier 3/4	Advantage/ Traditional	2/15/2022
Infections	hydroxychloroquine 100, 300, 400 mg ³	Generic	Tier 1	Advantage/ Traditional	2/01/2022

Exclude at Launch

(Only applies to customers who have implemented Exclude at Launch)

The Exclude at Launch Program immediately excludes certain medications from benefit coverage upon launch. This eliminates unnecessary costs and allows appropriate clinical programs to be implemented. Not all plans participate in Exclude at Launch. Non-participating plans will have these medications placed on the highest tier.

Therapeutic Use	Medication Name	Clinical Rationale	Alternatives	Effective Date
Atopic dermatitis	Cibinqo ¹	Unique Active Ingredients	Medium to very-high potency topical steroids [e.g., mometasone (generic Elidel), fluocinolone (generic Synalar), fluocinonide (generic Lidex)], topical calcineurin inhibitor [pimecrolimus (generic Elidel), tacrolimus (generic Protopic)], Eucrisa, Dupixient	2/09/2022
Muscle spasms	Fleqsuvy oral suspension	Same Active Ingredients	baclofen (generic Lioresal), Ozobax	2/09/2022
Opioid overdose	Zimhi prefilled syringe	Same Active Ingredients	Kloxxado, Narcan nasal spray	1/30/2022
Pain and inflammation	Anaprox DS	Same Active Ingredients	naproxen (generic Naprosyn, generic Anaprox DS), OTC naproxen	1/31/2022
	Seglentis	Same Active Ingredients	celecoxib capsules (generic Celebrex) plus tramadol (generic Ultram)	2/01/2022

Supply Limits

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Supply Limits will be applied to new medications when other medications in their therapeutic class already have these clinical programs in place, providing a consistent benefit for members. Supply Limits may also be applied to existing medications, when appropriate, following utilization review. Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified timeframe. Other utilization management programs may also be in place as described in other sections of this document.

Therapeutic Use	Medication Name	Current Tier	New Supply Limit	Effective Date
Atopic dermatitis	Opzelura ¹	Exclude at Launch	60 grams per copay	2/01/2022
Cancer	Exkivity 40mg ¹	Exclude at Launch	124 capsules per month	2/01/2022
Hepatitis C	Epclusa 150mg-37.5mg ^{1,3}	Tier 2	62 packets per month	2/01/2022
	Mavyret 50mg-20mg ^{1,3}	Tier 2	155 packets per month	2/01/2022
Itching due to liver disease	Livmarli ¹	Exclude at Launch	93 mL (85.5 mg) per month	2/01/2022
Mental health	Lybalvi ¹	Exclude at Launch	31 tablets per month	2/01/2022
Migraines	Qulipta ¹	Exclude at Launch	30 tablets per month	2/01/2022
	Trudhesa ¹	Exclude at Launch	4 inhalers per copay	2/01/2022

Prior Authorization/Notification

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Prior Authorization requires physicians to provide additional clinical information to verify member benefit coverage.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Atopic dermatitis	Cibinqo	Exclude at Launch	2/15/2022
	Opzelura ¹	Exclude at Launch	2/01/2022

Prior Authorization/Medical Necessity

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Evaluates the clinical appropriateness of a medication in terms of condition being treated, type of medication, frequency, and duration.

Therapeutic Use	Medication Name	Current Tier	Effective Date
Atopic dermatitis	Opzelura ¹	Exclude at Launch	2/01/2022
Itching due to liver disease	Livmarli ¹	Exclude at Launch	2/01/2022
Migraines	Trudhesa	Exclude at Launch	2/01/2022

Step Therapy⁴

STEP

For applicable plans, the following Step 2, or target, medications will be included in the current Step Therapy Program. Members new to therapy will be directed to first try one or more other medications before benefit coverage is available.

Therapeutic Use	Medication Name	Current Tier	Step 1 Agents	Effective Date
Inflammatory conditions	Zeposia ^{1,5}	Tier 3	Humira, Simponi, Stelara	2/01/2022

¹ Indicates medication is also included in Step Therapy, Prior Authorization/Medical Necessity or Notification.

² Medication is part of a brand over generic strategy.

³ New strength or dosage form.

⁴ Referred to as First Start in New Jersey.

⁵ Applies to ulcerative colitis indication only.